



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E301139**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	14-00172
LOCAL AGENCY CODING	
TOTAL # OF UNITS	05
OBJECT STRUCK	MAILBOX'S AND FENCE

DATE OF COLLISION	01 - 18 - 2014	TIME (2400)	2001	COUNTY #	31	MILES		N	E	IN	OF	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
118TH AVE NE	BLOCK NO.	1800
	MILE POST	

DISTANCE		MILES		OF (REFERENCE OR CROSS STREET)	
		FEET			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	PHONE
			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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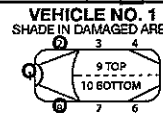
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	MAKE	FORD	MODEL	UNKNO	STYLE	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT		INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET	PHONE	D: 4253341482	N: 4252105248
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

LAST NAME	BLAINE	FIRST NAME	GEORGE	MIDDLE INITIAL	
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STREET NEW ADDRESS	1802 118TH AVE NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	M	D.O.B.	03 - 31 - 196 3
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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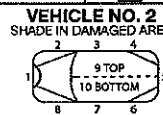
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	MAKE		MODEL		STYLE	VEHICLE TOWED	YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT		INSURANCE CO & POLICY #	
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	D. PLANALP	BADGE OR ID #	102	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E301139**

CASE # **14-00172**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																			
ADDRESS & PHONE #										SEX		D.O.B. MMDDYYYY							
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

V-1 was driving eastbound on 118th AVE NE and left the roadway. V-1 drove into some grass on the south side of 118th AVE NE and then drove through mailboxes that were together on a wood post. The mail boxes belonged to 1802, 1804 and 1805 118th AVE NE. V-1 then turned left and drove in a yard and through a metal chain link fence at 1807 Mitchell RD. V-1 backed up, turned around and sped away westbound on 118th AVE NE. There is no information for V-1 other than it is a possible silver in color Ford truck with a construction box in the back. There is no suspect information for the hit & run V-1. Digital photos were taken of the scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-18-14 10:38 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

1/19/2014 2:35:54 AM

BADGE OR ID #	102	ORI #	WA0311900	TIME POLICE DISPATCHED	8:03 PM	TIME POLICE ARRIVED	8:07 PM
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PART B 3000-345-160 R (7/06)

PAGE **2** OF **5**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E301139**

CASE # **14-00172**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT # USDOT ICC # VEHICLE TYPE CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY ST ZIP

NAME SOURCE AXLES GVWR PLACARD ☐ + NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3** MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **ROWE** FIRST NAME **JAMES** MIDDLE INITIAL **D**

STREET NEW ADDRESS **1804 118TH AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **U** D.O.B. **MMDDYYYY** **07** - **08** - **1961**

ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

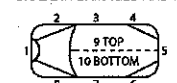
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



UNIT # **4** MOTOR VEHICLE ☐ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☒ DAMAGE THRESHOLD MET YES ☐ NO ☒ PHONE

LAST NAME **HUGHES** FIRST NAME **KATHLEEN** MIDDLE INITIAL **C**

STREET NEW ADDRESS **1805 118TH AVE NE**

CITY **LAKE STEVENS** ST **WA** ZIP **98258**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # STATE SEX **F** D.O.B. **MMDDYYYY** **01** - **27** - **1927**

ON DUTY ☐ STATUS AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS NATURE OF INJURIES

LICENSE PLATE # STATE VIN#

TRAILER PLATE # STATE TRAILER PLATE # STATE

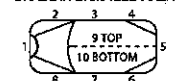
VEH. YEAR MAKE MODEL STYLE VEHICLE TOWED YES ☐ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

01-18-14 10:38 PM

DATED:

PLACE SIGNED

BADGE OR ID # **102** ORI # **WA0311900**

APPROVED BY **SUMMERS**

DATE **7/19/2014**

PAGE **3** OF **5**



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E301139**

CASE # **14-00172**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐ INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES

GVWR

PLACARD

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

5

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☒ NO ☐

PHONE

D: 4253978752

LAST NAME

BLAINE

FIRST NAME

DAISY

MIDDLE INITIAL

STREET NEW ADDRESS

1807 MITCHELL RD

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

F

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

PESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

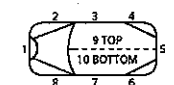
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

PESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

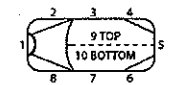
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

01-18-14 10:38 PM

DATED:

PLACE SIGNED

BADGE OR ID #

102

ORI #

WA0311900

APPROVED BY

SUMMERS

DATE

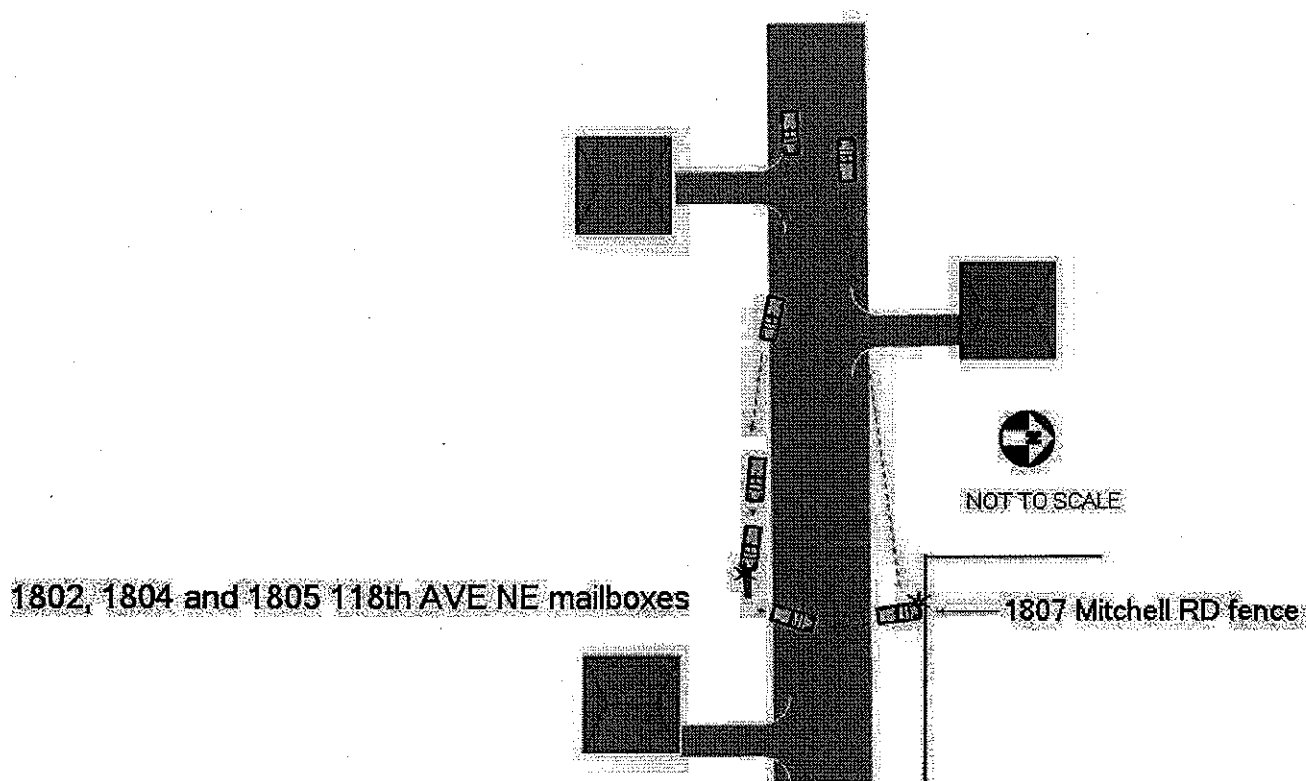
7/19/2014

PAGE

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OF

5



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-00172

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Blaine George	RACE White	ETH	SEX M	DOB 3/31/63	AGE 50	HGT 5'11"	WGT 180	HAIR Brown	EYES Blue
STREET ADDRESS 1802 118th Ave NE		CITY Lake Stevens			STATE WA		ZIP 98258		RES. STATUS	
HOME PHONE 425 334-1482		CELL PHONE 425 210-5248			PLACE OF EMPLOYMENT JBT - Redmond					
WORK PHONE 425 556-5249		EMAIL ADDRESS george@partsonly.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We heard burning tires and a car sounding like it was out of control. Seconds later we heard a crash followed by skidding tires again. As I went out the front door, I saw a white or silver smaller pickup speeding away over the grass of our neighbors headed west on 118th Ave NE. 2 minutes later another vehicle pulled over the same grass area quickly parking as 4-6 people left it to enter the house to the west of us. They saw me and my flashlite and instead of asking what happened since they drove right through the damage, they just went in their multi-family rental house. We then called the police to see what happened. My mom's house across the street was also damaged. Her address is below.

Mom: Daisy Blaine, 1807 Mitchell Road.

Lake Stevens, WA 98258

425 (397) 8752

Mailbox owners: Blaine, Rowe, Hughes

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED 1/18/14	LOCATION SIGNED Home address above Lake Stevens
OFFICER/NUMBER: 100	DATE SIGNED 1-18-14	LOCATION SIGNED LAKE STEVENS, WA LSPD ORIGINAL

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number D. PLANALP #102			Case Number 14-00172		
Type of Crime: Felony / <u>Misdemeanor</u> (Circle)			Type of Case: HIT & RUN			Date/Time: 1-18-14 / 2:50		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # DP1	Item CD WITH PICS				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action # 3								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

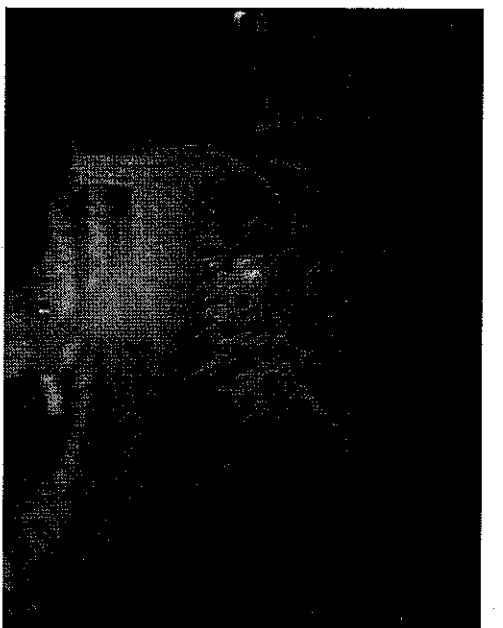
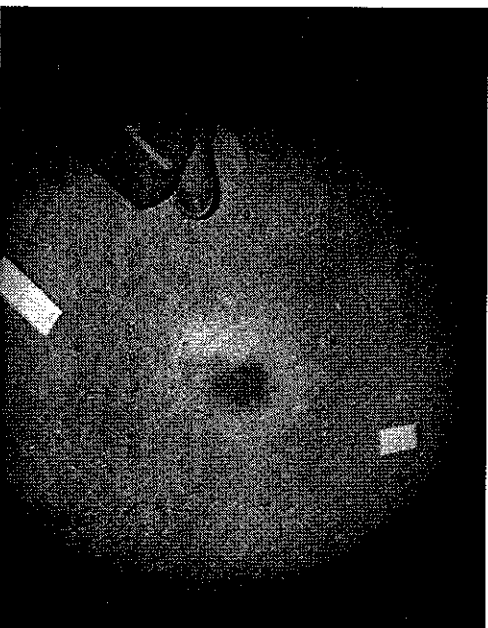
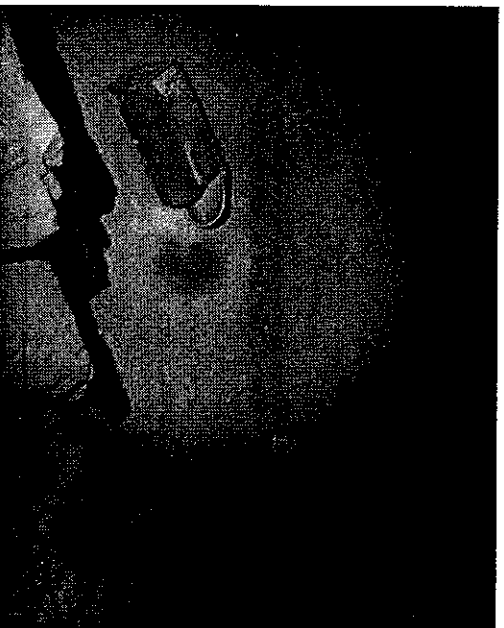
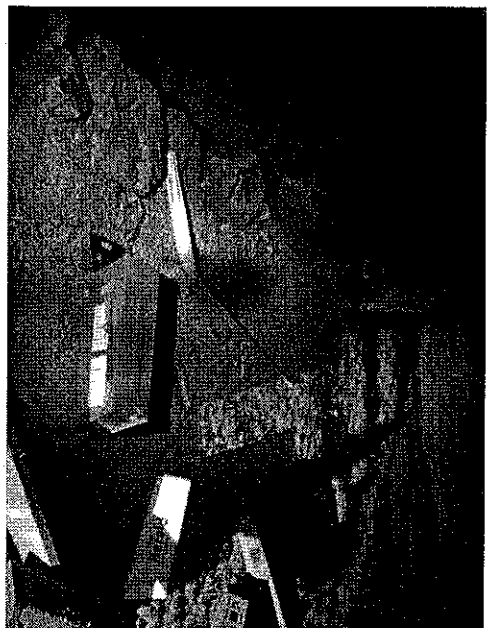
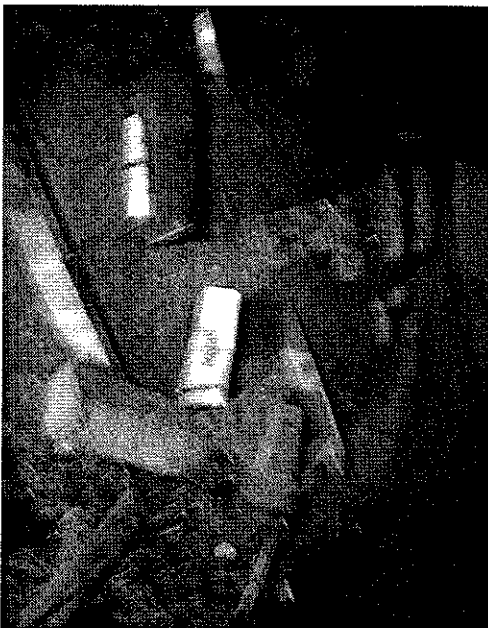
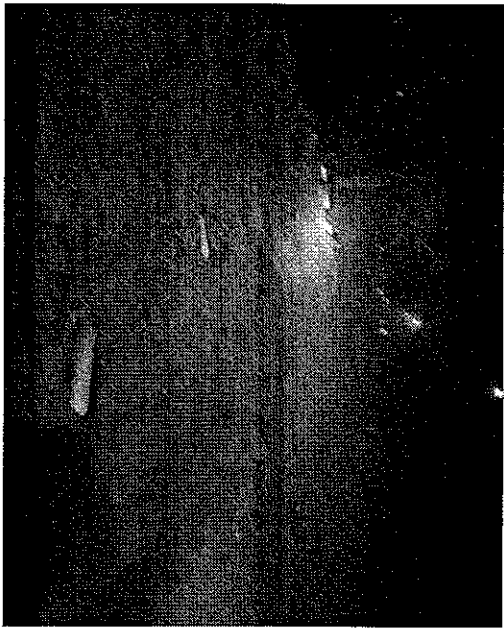
Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

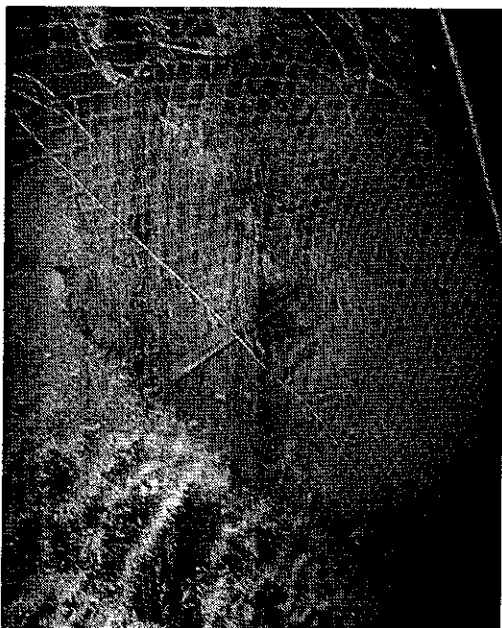
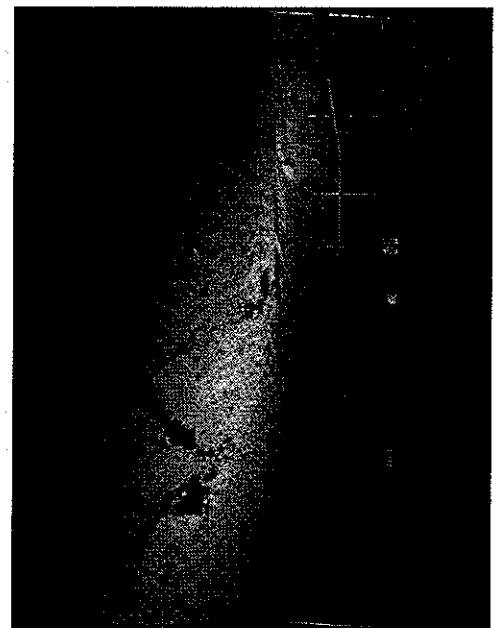
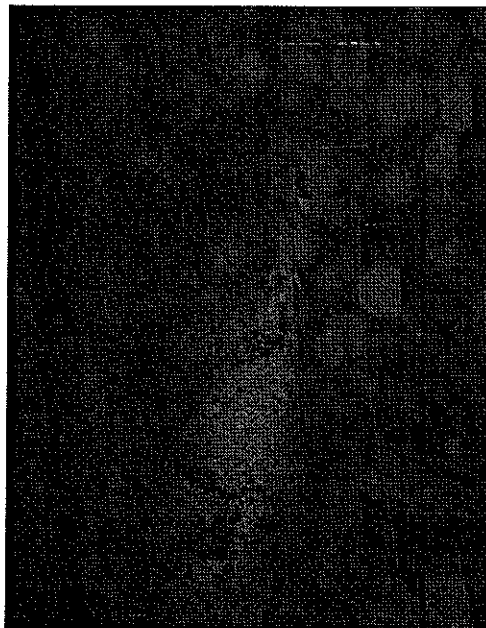
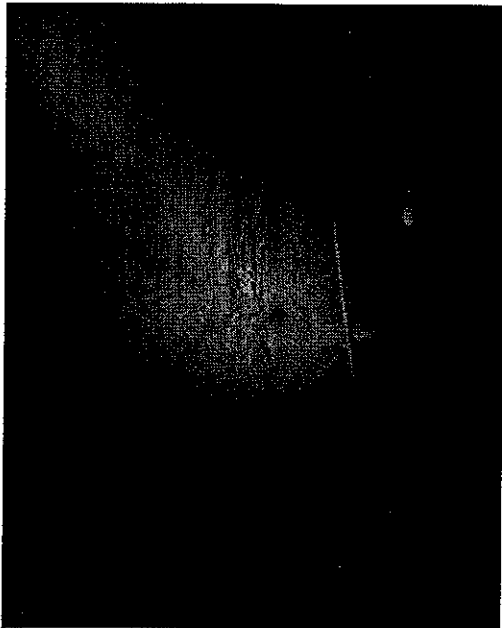
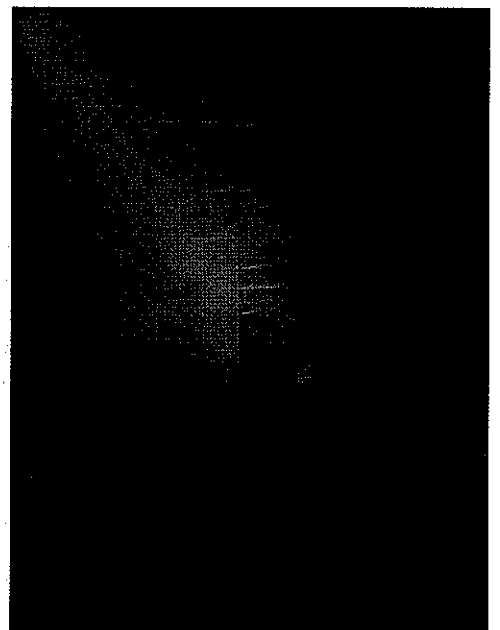
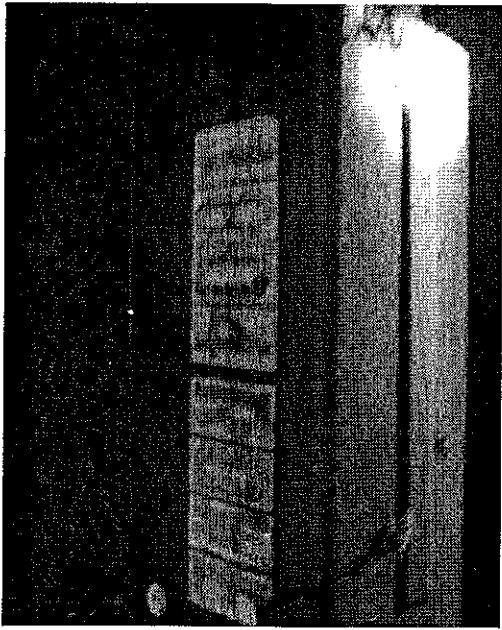
Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item				Brand Name		Storage Location	Disposition
	Brand/Model/Caliber (Further Description)							
	Serial #		Where Found		Weight of Narcotic			
Action #								
Owner's Name Address City State Zip Phone #							Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:								
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/> Date:		CAD/RMS Checked		ROUTING:		
Name: _____ # _____		NCIC/WACIC + Date:		Owner Letter Sent:		White: Property Room		
Date: _____ Time: _____		NCIC/WACIC - Date:		Owner Letter Sent:		Yellow: Case File		





LSPD
ORIGINAL

Incident History for: #SS14001282

Case Numbers: \$SS14000172

Received 01/18/14 20:01:22 BY SPCT07 SP0364
Entered 01/18/14 20:02:19 BY SPCT07 SP0364
Dispatched 01/18/14 20:03:02 BY SPDP17 SP0308
Enroute 01/18/14 20:03:02
Onscene 01/18/14 20:07:40
Closed 01/18/14 20:33:08

Initial Type: MALP Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1620 Map Page: 377H-6 Group: SS1 Beat: NORT
Src: 9

Loc: 1802 118 AV NE , LKS btwn MITCHELL RD & 19 ST NE (V)

Loc Info:

Name: BLAINE ERIKA

Addr:

Phone: 4253341482

/2002 (SP0364) ENTRY , CC, PU SPEEDING THRU NABORHOOD TOOK OUT RP'S MA
ILBOX LSH WB
/2003 SUPP TXT: PU ALSO TOOK NABORS FENCE , VEH SIL PU W TO
OLBOX IN THE BACK
/2003 (SP0308) DISPER 19N1 #SS102 PLANALP, OFFICER (DANIEL)
/2007 ONSCNE 19N1
/2013 OK 19N1
/2013 CHANGE TYP: MALP
---> COL
/2024 (SS102) *MISC 19N1 , MAILBOXS FROM 1802, 1804, 1805 BROKEN.
/2024 (SP0308) ASNCAS 19N1 \$SS14000172
/2027 (SS102) *MISC 19N1 , 1804 IS ROWE, JIM
/2033 (SP0308) CLEAR 19N1 D/H
/2033 CLOSE 19N1

LSPD
ORIGINAL